## FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

SOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						
1							

Name of Offering ( check if t	his is an amendment and name has changed, and	indicate change.)			-
Lo units representing	9 40% member interests in	21st Century In	vestment Fund	No. 1, LLC	
Filing Under (Check box(es) that a	pply): Rule 504 Rule 505 Rule	506 Section 4(6)	ULOE		•
Type of Filing: New Filing	Amendment				
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	A. BASIC IDENTIFICA	ATION DATA			
1. Enter the information requeste	ed about the issuer				
Name of Issuer ( check if this	is an amendment and name has changed, and inc	licate change.)	04037	145	
21st Century Inve	estment Fund No. 1, LCC		07037		
Address of Executive Offices	(Number and Street, C	ity, State, Zip Code)	Telephone Number (Inclu	iding Area Code)	
149 S. Ridge wood Ave	enue Suite 550 Doutona Beag	h FL 32114 3	386-257-1899		
Address of Principal Business Oper			Telephone Number (Incl	uding Area Code)	
(if different from Executive Offices	3)			PROCESS	F
Brief Description of Business				TIOCLOO	pes
Direct Description of Dashiess				JUL 13 200	1k
invest develop, own	4 manage various mal estat	ie.		JOE = 0 200	<b>J</b> (5)
Type of Business Organization	· - J			THOMSON	
corporation	limited partnership, already formed		se specify):	SFINANCIAL	
business trust	limited partnership, to be formed	limite	d liability comp	oany	
	Month Year				
Actual or Estimated Date of Incorpo		X Actual Estimat	ed		
Jurisdiction of Incorporation or Org	ganization: (Enter two-letter U.S. Postal Service		לייים לייים		
	CN for Canada; FN for other foreig	gn jurisaiction)	FL		
					5
GENERAL INSTRUCTIONS					

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)



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	THE RESIDENCE OF THE PARTY OF T		Total A	100	A: BASIC IDI	NTI	FICATION DATA		E.		
2.	Enter the information	n request	ed for the fo	llowin	g:						
	<ul> <li>Each promoter</li> </ul>	of the iss	uer, if the is	suer h	as been organized w	ithin	the past five years;				
	<ul> <li>Each beneficia</li> </ul>	l owner ha	ving the pow	er to v	vote or dispose, or di	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
	• Each executive	officer an	nd director o	f corp	orate issuers and of	corpo	rate general and man	aging	g partners of	partne	ership issuers; and
	<ul> <li>Each general a</li> </ul>	nd managi	ing partner o	f part	nership issuers.						
Che	eck Box(es) that Appl	y: 📜	Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full	Name (Last name fir	st, if indiv	/idual)						<del> </del>		
A	iness or Residence A	Geor	ge D								
Bus	iness or Residence A	ldress (l	Vumber and	Street	, City, State, Zip Co	de)					
3	15 N. Atla	otic.	Avenu	رو,	Daytona B	2००	h, FL 321	18			
Che	ck Box(es) that Appl	vs. 🔲	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or
- G Full	DA Trues	ment st, if indiv	3, Ltd								Managing Partner
319	5 N. Atlanti	c Av	enue.	Dai	atona Beach	F	L 32118				
Bus	iness or Residence A	ldress (1	Number and	Street	, City, State, Zip Co	de)					
Che	eck Box(es) that Apply	y: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fir	st, if indiv	idual)								
Bus	iness or Residence Ac	Idress (1	Number and	Street	, City, State, Zip Co	de)					
Che	ck Box(es) that Apply	r: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fir	st, if indiv	idual)								
Busi	iness or Residence Ac	ldress (N	Number and	Street	, City, State, Zip Co	de)					
Che	ck Box(es) that Apply	r: 🔲	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name fir	st, if indiv	idual)								
		·			<u> </u>						
Busi	iness or Residence Ac	ldress (N	lumber and	Street	, City, State, Zip Co	de)					
			Davis		Beneficial Owner		Executive Officer	<u></u>	Director		General and/or
Che	ck Box(es) that Apply	· []	Promoter	Ш	Beneficial Owner	Ш	Executive Officer		Director	ب	Managing Partner
Full	Name (Last name fire	st, if indiv	idual)								
Busi	iness or Residence Ad	dress (N	lumber and	Street,	, City, State, Zip Co	ie)				<del></del>	
Chec	ck Box(es) that Apply		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name firs	t, if indiv	ídual)								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

				В. 1	NFORMAT	TON ABOI	JT OFFER	ING		THE PURCHASIA	Ole (terror per	Carac Scannage o
1 11			.1	1	.11 4						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.												X
2. What is the minimum investment that will be accepted from any individual?											cinn	,000
2. That is the infilling investment that will be accepted from any individual?											Yes	No
3. Does t	he offering	permit joir	nt ownersh	ip of a sing	gle unit?					***************************************	X)	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	lividual)									
	one_		<del></del>	10		7: 0 1						
Business or	r Residence	: Address (I	Number an	d Street, C	ity, State, a	Zip Code)						
Name of A	ssociated B	roker or De	ealer				<del></del>	<del></del>				
States in W	hich Person	n Listed Ha	e Solicited	or Intend	e to Solicit	Purchaser	<del></del>					
		s" or check									☐ Al	l States
	[उन्हो	[32]		اهما	روي	<u>িকেন্</u>	(TE)	(DC)	التتا	ופאז	 ਜਿਹ	اکتا
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)					<del> </del>		<del></del>	<del></del>	
Business o	r Decidence	Address	Mumber an	d Street (	ity State	Zin Code)						
Dusiness 0	r Residence	Address (	ivamoer an	a bacca, c	my, Blate,	zip code)						
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<del></del>		<del></del>
-		s" or check							***************		☐ A1	States
												(IB)
AL IL	AK IN	[AZ]	(AR) (KS)	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH)	OK.	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	$\overline{WA}$	WV		$\overline{WY}$	PR
Full Name (	(Last name	first, if ind	ividual)									
	` 		·									
Business o	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	aler	. <u></u>								
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
		" or check										States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	[IN]	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH)		OR	PA
RI	(SC)	SD	TN	TX	UT	[VT]	[VA]	WA	$[\overline{WV}]$	WI	$\overline{WY}$	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

t.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	☐ Common ☐ Preferred		· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify member interest in LLC		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	Ψ <u>σίσσσ</u> μου
2.	•		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	<del></del>	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	······ 🔀	\$ 12,000
	Accounting Fees	• •	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 12,000

	ND USE OF PROCEEDS

b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adju	usted gross	\$5,988,000
5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tota proceeds to the issuer set forth in response to F	any purpose is not known, furnish an est il of the payments listed must equal the adju	timate and	, , ,
		Payments to Officers, Directors, & Affiliates	
Salaries and fees			
Purchase of real estate		\$	X \$ 5,988,000
Purchase, rental or leasing and installation of rand equipment			_ \( \s
Construction or leasing of plant buildings and		<del></del>	
Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	<b>□</b> \$	П
Repayment of indebtedness		<u></u>	
Working capital			
Other (specify):			_
			_ [] \$
Column Totals		[] \$	X \$ 5,988,000
Total Payments Listed (column totals added)		X\$.5	5,988,000
	D. FEDERAL SIGNATURE		Months and Other Bodies.
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to the information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchang	ge Commission, upon writt	ule 505, the following ten request of its staff.
Issuer (Print or Type)  Lewy D anderson	Signature 21st Century Investment Fund	Date  No.1, LC 7-	2-04
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
George D. Anderson	Manager		
<b>J</b>	J		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

T. 101	The state of the s	E. STATE SIGNATURE	The field of the first state of								
I.	Is any party described in 17 CFR 230.262 provisions of such rule?	resently subject to any of the disqualification	Yes No	o ]							
	See	Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	ter has read this notification and knows the conti thorized person.	ents to be true and has duly caused this notice to b	e signed on its behalf by the unde	rsigned							
Issuer (	Print or Type)	Signature	Date								
Name (I	Print or Type)	Title (Print or Type)									

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount **Investors** Amount Yes No ALAKAZAR $\mathsf{C}\mathsf{A}$ CO CTDE DCFL GA HIID IL IN IΑ KS KY LA ME MDMA ΜI MN MS

# APPENDIX

1	2 3				5 Disqualification				
	to non-a	d to sell accredited es in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH						-			
NJ									
NM									
NY									
NC									
ND									
ОН					!			 	
OK									
OR									
PA			: ' 						
RI									
SC									
SD									
TN								 	
TX								: 	
UT								! !	
VT									
VA									
WA									
wv								-	
WI									

APPENDIX													
1	Intone	2 I to sell	Type of security	4					5 Disqualification under State ULOE (if yes, attach				
	to non-a	ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	amount purchased		Type of investor and amount purchased in State (Part C-Item 2)					Type of investor and explanation amount purchased in State waiver grant		ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													